Typhoon Haiyan (Yolanda) swept across several provinces of Regions VI, VII and VIII, destroying or severely damaging many birthing clinics, general health facilities, medical equipment and supplies. Many health staff were victims of the typhoon themselves, meaning the delivery of maternal and child health services was greatly affected in the period immediately after the typhoon. Severe damage to critical infrastructure such as roads and bridges aggravated the situation, and even where birthing facilities were available, access to these was made very difficult.

WHO stepped in to support local communities with the Department of Health (DOH). While coordinating the work of 150 foreign medical teams (FMT), WHO made sure sufficient reproductive health care was made available across the affected regions and that any gaps were addressed. Maps were produced showing the closest available birthing center and the distance to reach it, so referrals could be made and additional emergency care provided where no birthing center existed.

WHO also worked with DOH and UNICEF to develop the ‘Guidelines for Maternal and Newborn Care (Intrapartum, Immediate Newborn and Postpartum Care) during Emergencies and Disaster Situations’ to ensure that the work of the FMTs complied with Philippine standards and practices. These guidelines will now apply in all future emergency situations.

Frequently, the distributions of disaster relief goods include supplies of breast milk supplements and substitutes. This is not the best way to improve child health and is contrary to Executive Order 51 (the milk code of the Philippines) and the DOH ‘mother baby friendly’ policy. Breast milk is the most nutritious and safest food source for young babies. In the period immediately after the typhoon, WHO and UNICEF promoted breast feeding to mothers. Breastfeeding information, education and communication materials were developed, produced and distributed in the typhoon affected areas.

In February-March 2014, WHO undertook a stock-take of the available maternal and child health services, facilities and human resources in Region VIII. This revealed a lack of facilities, equipment and health care training to care for premature, low birth weight and sick infants. The stock-take also predicted a rise in birth rates around August 2014 - a 'post disaster baby boom' - and an increasing number of teenage pregnancies.
To address the issues raised in the stock-take WHO procured and distributed equipment and supplies and has organized the training of health care workers. WHO is training health workers on the Essential Intrapartum Newborn Care (EINC) program which provides the essentials of newborn care that can avert approximately 70% of newborn deaths. In a post-disaster context it is also expected that more adolescents will be exposed to early sexual activity resulting in a greater number of adolescent pregnancies that need more intense pre natal care; and their babies also need more neonatal care. WHO is therefore conducting training of hospital staff on kangaroo mother care (KMC), a life-saving technique of care for premature and low birth weight babies using natural warmth directly from a mother equivalent to an expensive incubator.

Care for Reproductive, Maternal and Child Health was not prioritized in previous emergencies. But with activities that took place following Typhon Haiyan over the one year period, RH-MCH in emergencies has become a priority area of services during future emergencies.

The Philippines has the highest fertility rate in Asia. After the typhoon over 15,000 babies are expected to be born every month. WHO has funded training on Essential Intrapartum and Newborn Care skills to ensure safe delivery of children across the typhoon affected areas and the provision of equipment and supplies.

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Photos: WHO/Francisco Guerrero